

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3	1					
4		1				
5		1				
6	1					
7		1				
8		1				
9	1					
10		1				
11		1				
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TOTAL IND.

4

TOTAL DEP.

9

TOTAL CLAIMS

13



SERIAL NO.

APPLICANT(S)

FILING DATE

3

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.



TOTAL DEP.

TOTAL CLAIMS